

# Pre-Marital Education Completion Form

I, \_\_\_\_\_, a/an \_\_\_\_\_  
*Name of Pastor/Therapist* *Title*

certify that \_\_\_\_\_ and  
*Current Full Legal Name of Bride*

\_\_\_\_\_ have completed  
*Current Full Legal Name of Groom*

\_\_\_\_\_ hours of pre-marital education.

Please issue them a reduced fee premarital education statement form for the following  
county: \_\_\_\_\_.

Comments/Concerns:

\_\_\_\_\_  
Signature of Therapist/Pastor      Date

\_\_\_\_\_  
Signature of Bride      Date

\_\_\_\_\_  
Signature of Groom      Date